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CONFIRMATION NO. 9151

<b>SERIAL NUMBER</b> 10/804,694	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> 12075/37
<b>APPLICANTS</b> Henley Quadling, Addison, TX; Mark Quadling, Plano, TX; Alan Blair, St. Paul, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/457,025 03/24/2003 <i>OR m 8/29/06</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE m 8/29/06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/01/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 20 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 50086 <i>m 8/29/06</i>				
<b>TITLE</b> Laser digitizer system for dental applications				
<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	